

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005051

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No.

Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)

Tarkio

Length of stay in lb

16 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Tarkio

d. STREET
ADDRESS

(If outside, give location)

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROBERT

HAMPSON

GLENN

4. DATE
OF
DEATH

Month

Day

Year

March

3, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/5/1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR IF UNDER 24 HR

Months * Days Hours Min.

28

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

own farm

11. BIRTHPLACE (City and state or country)

Portersville, Penn.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

A.W. Glenn

13b. MOTHER'S MAIDEN NAME

Maggie Hampson

14. NAME OF HUSBAND OR WIFE

Lydia Glenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

70

17. INFORMANT

Mrs. Edward Nocton Tarkio, Mo.

18. CAUSE OF DEATH (Enter only one cause
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Aspiration of Vomitus

INTERVAL BETWEEN
ONSET AND DEATH

5 minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Duodenal Obstruction

24 hours

DUE TO (c)

Duodenal Bleeding Ulcer

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Prostatic Hypertrophy

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1, 1963 to March 3, 1963 and last saw him alive on 3/3/1963
Death occurred at 7:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Tarkio, Mo.

22c. DATE SIGNED

3/5/1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

3/5/1963

23c. NAME OF CEMETERY OR CREMATORY

Home Cemetery

23d. LOCATION (City, town, or county)

Tarkio, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Davis Funeral Home Tarkio, Mo.

25. DATE RECD. BY LOCAL REG.

March 9, 1963

26. REGISTRAR'S SIGNATURE

Marion J. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10030

20030

3

4 0

5 1

6

7 1

8 2

9 541.0

10

11

12 10-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Frost A. Brown

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.